phlebitis; the chances are greater if the injection has been made near the elbow. The puncture should be sealed with collodion and cotton.

The amount of injection varies with different patients, but can be regulated by the effect upon the gums. In most cases twenty to forty minims every other day will be found sufficient. The solution employed by the author has been the liq. hydrarg perchlor B. P. and the 1 per cent. solution of the cyanide; they are of equal value.

But in tertiary cases and in syphilitic cases of tuberculous form, in cases of rupia and bad throat, etc., where iodides are indicated, he considers that better results are obtained by twenty to forty minims of sodium iodide, ʒj, in liq. hydrarg. perchlor., ℥ss.

In some rare cases, where over twenty minims every other day have tended to cause salivation, he has found great advantage in following up the mercury injection by one of a dilute solution of sulphate of atropine, such as twenty minims of a solution containing ʒj of the liq. atropinæ sulph. B. P. in ℥vij of distilled water, the syringe being filled with this without removing the needle after the injection of the mercury.

The advantages of the method the author considers to be very great; its action is as rapid and thorough as that by mercurial inunction, while the inconvenience to the patient is much less, and in consequence the regularity of the treatment is more certain, while the dosage is completely under the control of the surgeon, as it is not dependent upon the varying absorptive power of the skin.

The Treatment of Strictures of the Rectum.—BERGER (*Gaz. Hebdom. de Méd. et de Chir.*, October 22, 1896), in speaking of this subject before the Surgical Society of Paris, considers dilatation as the best method of treating these strictures, especially those due to syphilis.

The treatment should be carried out carefully and gently. The *séances* should be twenty-four to forty-eight hours apart, and it should never be considered necessary to pass the next larger size at each successive sitting at all hazards.

The bougie should be introduced in the axis of the diseased rectum, always remembering that this differs materially from that of the healthy rectum. In passing a new bougie it should enter gently until a resistance is felt; then it should remain for a moment until the stricture relaxes and, as it were, descends of itself upon the bougie. There is apparently a spasmodic element in all syphilitic strictures of the rectum, which readily explains the difference noted from day to day in the ease with which the bougies are introduced.

The dilatation acts only upon the stricture, and does not cure the proctitis which has resulted from the stricture. This must, therefore, be treated with warm antiseptic irrigation.

This method of treatment is not applicable to all cases; it is contra-indicated where there is grave infection, with fever, collapse, and peritonitis; any precarious condition of the patient; an abundant suppuration; marked rectal tenesmus, and a stricture situated high up in the rectum.

In these cases Berger prefers a posterior rectotomy rather than the extirpation of the rectum. The rectotomy affords immediate relief, and is a less grave operation than extirpation; while it affords as much relief, neither is

an absolute cure. The extirpation does not cure the proctitis and is followed by relapse; it does not prevent a constrictive incontinence of feces, while after rectotomy the sphincter will act.

Clinical Observation on Floating Kidney in Women.—In addition to a critical study of one hundred cases of floating kidney in women, KNAPP (*Zeitsch. für Heilk.*, Bd. xvii. Heft. 2 u. 3) has studied the cases reported in the literature of this subject with special reference to this disease as observed in women.

As an etiological factor which has not been sufficiently dwelt upon he calls attention to the connection existing between this disease and an anteflexion of an enlarged uterus which exceeds normal physiological limits. Out of one hundred cases he found abnormal anteflexion in eighty-five.

The prognosis is dependent upon the possibility of restoring the kidney to its normal position and maintaining it there. When this is not possible the symptoms present affect the diagnosis.

As prophylactic measures the author recommends regulation of the bowels and especial care during gestation, to prevent too great anteflexion.

In regard to treatment, the author questions the need of treatment in mild cases. Many cases of dislocated kidney continue for years and never have a symptom to make the condition evident. There are, however, symptoms which require treatment. Mechanical support should be directed to the support of the intestines in general. He does not advocate the use of pads, etc., as such appliances do not act certainly. Bandages, if employed, must be suited to the individual case. He recommends massage after the method employed by Thure-Brandt. He does not advocate operative treatment, believing it does not secure relief.

The Sulphate of Sodium as a Hæmostatic.—REVERDIN (*La Méd. mod.*, October 21, 1896), in a paper read before the French Surgical Association, advocates the employment of the sulphate of sodium as a hæmostatic. He has employed it a number of times successfully; it is used in small doses (10 centigrammes—gr. 1½) every hour, in dangerous capillary hemorrhage either of spontaneous or traumatic origin. As an example, after the removal of a subcutaneous benign tumor there followed a hemorrhage which resisted all treatment for eight weeks. The same was true of other cases of traumatic origin, and also in cases of menorrhagia.

This remedy was used by Kussmaul, and is apparently popular in the north of Germany in cases of hæmophilia.

By experimental and clinical observation the author determined that this drug should be given by the mouth only, as it is ineffectual when used in subcutaneous injections.

The Employment of Murphy's Button.—HEYDENREICH (*La Méd. mod.*, October 21, 1896), after reporting four cases in which he has employed the button, reviewed the accidents which have followed its employment.

In the first series the button did not procure the exact coaptation of the surfaces brought into contact, either because the buttons were not properly brought together or because they were too small. These accidents are to be